

VISUAL INSPECTION CHECKLIST

Visual inspections of each outfall or representative outfall are required for two storm events each year during the Third Year of regulation and beyond. It is recommended the outfall be observed approximately 30 minutes after storm water begins to discharge through the outfall and there be a minimum of three months between biannual visual inspections.

Permit Number: **INR00** _____ Facility Name: _____

Outfall Inspected: # _____ Facility City: _____

Date of Inspection: _____

RECOMMENDED ACCEPTABLE STORM CHECK (check one)

Did the previous storm of 0.1 inches or more end at least 72 hours ago? ☐ **YES** ☐ **NO**

Was the rainfall amount of this storm greater than 0.1 inches? ☐ **YES** ☐ **NO**

VISUAL INSPECTION OBSERVATIONS

Turbidity present (cloudy appearance)? ☐ **YES** ☐ **NO**

(Turbidity is a cloudy condition caused by suspended silt or organic matter) (If yes, what circumstances may have caused turbidity in the storm water discharge?)

Color: Does the discharge appear clear or colored? ☐ **CLEAR** ☐ **COLORED**

If colored, describe the observed color:

What circumstances may have caused color to be in the storm water discharge?

Foam present? ☐ **YES** ☐ **NO**

If yes, what circumstances may have caused foam to be in the storm water discharge?

(PLEASE COMPLETE THE BACK OF THE PAGE ALSO)

Solid material present? ☐ **YES** ☐ **NO**

If solid material was observed describe appearance and possible source:

Floatable materials present? ☐ **YES** ☐ **NO**

If floatable material was observed describe appearance and possible source:

Oil Sheen present? ☐ **YES** ☐ **NO**

If yes, what circumstances may have caused an oil sheen to be present in the storm water discharge?

General comments on the storm water discharge:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of responsible corporate officer or duly authorized representative under 327 IAC 15-4-3(g):

Signature: _____ Date: _____

(PLEASE MAKE COPIES OF THIS CHECKLIST FOR FUTURE USE.)